PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10821357

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
_			(Column 1)		(Coli	(Column 2)		TYPE		OF		SMALL ENTITY	
TOTAL CLAIMS			27					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
T	OTAL CHARGE	ABLE CLAIMS	27 minus 20=		• 7			X\$ 9=		OR	X\$18=	12600	
ΙN	DEPENDENT (CLAIMS	7 "	ninus 3 =	•	Ý		X43=		OR	X86=	344.00	
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=		OR	+290=		
• {	f the differenc	20.22 e in column 1 is	less than 2	ero, enter	"0" in d	column 2		TOTAL		OR	TOTAL	1240.00	
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER		
		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CI AIAA	-		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL			TOTAL		
		(Column 1)		(Colum	n 21	(Column 3)	A	DDIT. FEE	<u></u>	.	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA	T	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	1	X43= .	•	OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		T	+145=		OR	+290=		
							L	TOTAL DDIT. FEE	·	ا م	TOTAL DDIT. FEE	•	
		(Column 1)		(Columr	n: 2)	(Column 3)		JOH. PEE L			DDII. FEEL		
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST R SLY	PRESENT EXTRA	Ī	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=	r	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700-	——	
. 14	the estre in estre	nn 1 ie lees than tha		0	•:•	0	L	145=		OR	+290=		
H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR A	TOTAL DOTT. FEE		
T	he *Highest Num	nber Previously Paid ber Previously Paid	For (Total or	independent	is the h	s, enter "3." lighest number f	iound	in the appr	opriate box		•		